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Bib Data Sheet

CONFIRMATION NO. 2947

SERIAL NUMBER	FILING OR 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.	
09/733,775	12/08/2000	606	3743		
<b>APPLICANTS</b> Hans A. Mische, St. Cloud, MN;					
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/169,778 12/09/1999 and claims benefit of 60/181,651 02/10/2000 and claims benefit of 60/191,664 03/23/2000					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 01/23/2001					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no		STATE OR COUNTRY MN	SHEETS DRAWING 13	TOTAL CLAIMS 24	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance					
Verified and Acknowledged		Examiner's Signature		Initials	
<b>ADDRESS</b> 28534					
<b>TITLE</b> Methods and devices for treatment of bone fractures					
<b>FILING FEE RECEIVED</b> 431	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:				<input type="checkbox"/> All Fees
					<input type="checkbox"/> 1.16 Fees ( Filing )
					<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
					<input type="checkbox"/> 1.18 Fees ( Issue )
					<input type="checkbox"/> Other _____
					<input type="checkbox"/> Credit



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<b>SERIAL NUMBER</b> 09/733,775	<b>FILING DATE</b> 12/08/2000 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3743	<b>ATTORNEY DOCKET NO.</b>
<b>APPLICANTS</b> Hans A. Mische, St. Cloud, MN;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/169,778 12/09/1999 and claims benefit of 60/181,651 02/10/2000 and claims benefit of 60/191,664 03/23/2000				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 01/23/2001</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u>		<b>STATE OR COUNTRY</b> MN	<b>SHEETS DRAWING</b> 13	<b>TOTAL CLAIMS</b> 24
<b>INDEPENDENT CLAIMS</b> 4				
<b>ADDRESS</b> Hans Mische 32 Highbanks Place St. Cloud ,MN 56301				
<b>TITLE</b> Methods and devices for treatment of bone fractures				
<b>FILING FEE RECEIVED</b> 431	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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<b>SERIAL NUMBER</b> 09/733,775	<b>FILING DATE</b> 12/08/2000 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3731	<b>ATTORNEY DOCKET NO.</b>
<b>APPLICANTS</b> Hans A. Mische, St. Cloud, MN;				
<b>** CONTINUING DATA *****</b> THIS APPLN CLAIMS BENEFIT OF 60/169,778 12/09/1999 AND CLAIMS BENEFIT OF 60/181,651 02/10/2000 AND CLAIMS BENEFIT OF 60/191,664 03/23/2000				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE</b> <b>GRANTED ** 01/23/2001</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> MN	<b>SHEETS DRAWING</b> 13	<b>TOTAL CLAIMS</b> 24
<b>INDEPENDENT CLAIMS</b> 4				
<b>ADDRESS</b> HANS A. MISCHÉ 2221 CHELMSFORD LANE ST. CLOUD, MN 56301				
<b>TITLE</b> Methods and devices for treatment of bone fractures				
<b>FILING FEE RECEIVED</b> 431	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	